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UNITED STATES HOUSE OF REPRESENTATIVES	Form A	DELIVEREDA
2013 FINANCIAL DISCLOSURE STATEMENT	For Use by Members, Officers	s, and Employees
		LEGISLATIVE RESOURCE CENTER
Name: Bobby C. Rush Day	rtime Telephone: 202-	225-4372 2014 HAY 30 PM 1: 37 /
FILER STATUS Member of or Candidate for U.S. House of Representatives State:		er or Employing Office: OFFICE UF THE CLERK Hoyee U.S. HOUSE OF REPRESENTATIVES
REPORT TYPE 2013 Annual (Dus: May 15, 2014)	Amendment	Termination Date:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE Q	UESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?		reportable agreement or arrangement with an the reporting period or in the current calendar Yes No date of filing?
B. Did you, your spouse, or your dependent child purchase, self, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?		buse, or your dependent child receive any aling more than \$350 in value from a single porting period?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No reportable travel or re	nuse, or your dependent child receive any eimbursements for travel totaling more than single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?		or organization make a donation to charity in ra speech, appearance, or article during the
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No ATTACH THE C	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUS	ST INFORMATION - ANSW	ER EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Off the Committee on Ethics for further guidance.	ering during the reporting period? If you a	answered "yes" to this question, please contact Yes No No
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Et this report details of such a trust that benefits you, your spouse, or dependent child?	hics and certain other "excepted trusts" ne	eed not be disclosed. Have you excluded from Yes No No
EXEMPTION - Have you excluded from this report any other assets, "unearned" income tests for exemption? Do not answer "yes" unless you have first consulted with the Corr	e, transactions, or liabilities of a spouse o	or dependent child because they meet all three Yes No No

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ROBBY L. Rush Page 2 of 4

BLOCK A	Γ_	_				BLC	OCK B							-		BLOCK	ć .	•	1				BLO	CK D	-				BLOCK E
Asset and/or Income Source	e Value of Asset					Type of Income				Amount of Income							Transactio												
Identify (a) each seet held for investment or indicate value of seet at close of the reporting period. If you use a production of income and with a fair mentat value succeding \$1,000 at the end of the reporting period and (b) any other reportative seet or source of income that generated more than \$200 in "unesmed" income that generated more than \$200 in "unesmed" income during the year.					genera 529 a column even i for ass	te tax-di counts) . Divi f rainya seta hel seat ge	eferred you dends, ated, r d in tax	income i may che interes nust be cable so	such as ick the t, and disclose counts	r accounts that 401(k), IRA, or "Tax-Deferred cepital gains sed as income Check "None ng the reporting	may che categori Dividen must b accoun	rock the roof in day, in se dissi tal.	Non- hoome teresi closed Check	by coli by c , and l as i : "No:	umn. heckli capi ncom ne" (i	Forength telg telfor	ell othe Me epp Sins, l'asse Incon	praggi propria even ets he me w	ets ind ate bot if reid eld in ram sa	icete t x belo nyeste taxet irned	purchases (P), distance (P), distance (P), distance (E), or exceeding \$1.0 in the reporting period.  If only a portion an asset was ac please indicate								
e account that exceede the reporting thresholds. or bank and other cash accounts, total the emount all interest-besides accounts, total the short (x00), list away financial institution where there is one than \$1,000 in interest bearing accounts, or rental and other real property held for investment, lovide a complete address or description, DIIII; minst property, and a city and latte.	^		C	B	E		G	<b>★</b> * * * * * * * * * * * * * * * * * * *	1		K L	М			2.2		2000年間の大学			(a)	N	V	М	<b>VI</b>	ИII	<b>X</b>	×	XI S	tolows: (5 (period to the column of the colu
or an ownership interest in a privately-held business at its not publicly traded, state the name of the senses, the nature of its activities, and its ographic location in Block A.								30 X 10 X 16							2 823												ì	,	
colude: Your personal residence, including second mee and vesion hornes (LIRI (there was ential power of the personal personal personal street, in, or income derived from, a feather terrement program, including the Thrift Savinga Plan. you have a privately-traded fund that is no cepted investment Fund, please check the "EIF"	100	<b>大学</b>																core of ferral textre)		2.02.3								- COMPANY	
ix.  you so choose, you may indicate thet an asset or come source is that of your spouse (SP) or pendent child (DC), or jointly held with amyone I), in the optional column on the far left.  w a classied discussion of Section of the column o		\$1-61,000	\$1,000.415,000	NET CONTRACTION (INC.)	FD,CD+S+CD,CD	entitori estato	120,000-4500,000	ocopor in-rodocal	S1,000,001-85,000,000	Semon someon	(June 1997)	pose OC/east over \$1,000,000				CATION CANES EXEPTEDIBLINO TRUST	TWORFERED	Ofer Type of Income (Specify e.g., Permetrip Inco	0025-13	00719-1023	\$1,001-42,500	COOR HORSE	\$5,001-\$15,000	S16,001-400,000	000'004\$+00'05\$	\$100,001 IB-100,001	\$1,000,001-185,000,000		P, S, S(perl), or
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## SCHEDULE C - EARNED INCOME

	Source (include date of receipt for honoraria)	Туре	Amount
amples:	Keene State State of Maryland Chit War Roundhatte (Oct. 2) Onterio County Board of Education	Approved Teaching Fee Legislative Person Spouse Speech Spouse Saliny	\$8,000 \$16,000 \$1,000 N/A
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SCHEDULE H.	TRAVEL	PAYMENTS and	REIMBURSEMENTS
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Name:	Pageof

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure Destination City of Return	Ladging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aq 611	DC-Beijing, China - DC	Y	Y	N
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